

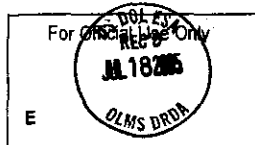
U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>3458</u>	2. Fiscal Year Covered From: 01 / 01 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name <u>Matthew J. Buczolic</u> P.O. Box, Bldg., Room No., if any Street <u>4172 Ralph Jones Court</u> City <u>South Bend</u> State <u>Indiana</u> ZIP Code + 4 <u>46628-9793</u>	4. Name, file number, and address of labor organization. Name <u>United Association</u> <u>Plumbers & Pipefitters Local #172</u> Labor Organization File Number <u>043-683</u> P.O. Box, Building and Room Number, if any Street <u>4172 Ralph Jones Court</u> City <u>South Bend</u> State <u>Indiana</u> ZIP Code + 4 <u>46628-9793</u>
5. Position in labor organization. <u>Business Manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Matthew J. Buczolic

On

7-11-05

Date

574-273-0300

Telephone Number

4, PAGES

Name of Person Filing Matthew J. Buczolic		File Number U- 3458	
<p>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>			
<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Stewart C. Miller & Co.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2111 West Lincoln Highway</p> <p>City Merrillville</p> <p>State Indiana ZIP Code + 4 46410</p>		<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust <input checked="" type="checkbox"/></p> <p>c. Employer</p> <p style="text-align: right;">Plumbers & Pipefitters Local 172 Welfare, Pension & 401k Plan Trusts</p>	
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Plumbers & Pipefitters Local 172</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 4172 Ralph Jones Court</p> <p>City South Bend</p> <p>State Indiana ZIP Code + 4 46628-9793</p>		<p>11.a. Nature of such dealing.</p> <p style="text-align: center;">Plan Contract Administrator</p>	
		<p>11.b. Approximate dollar value of such dealing. \$200,000.00 per year</p>	
		<p>12.a. Nature of interest held or income received.</p> <p style="text-align: center;">Christmas gift</p>	
		<p>12.b. Amount. \$30.98</p>	
<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>			
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>		<p>14.a. Nature of payment</p>	
<p>13.b. Is the Business an Employer or Consultant ?</p>		<p>14.b. Amount of payment.</p>	

Name of Person Filing Matthew J. Buczolic		File Number U- 3458
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name BenefitDecisions</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 2075</p> <p>Street 125 S. Wacker Dr</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60606</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust <input checked="" type="checkbox"/></p> <p>c. Employer Plumbers & Pipefitters Local 172 Health & Welfare Fund</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Plumbers & Pipefitters Local No. 172 Health & Welfare Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 4172 Ralph Jones Court</p> <p>City South Bend</p> <p>State Indiana ZIP Code + 4 46628-9793</p>	<p>11.a. Nature of such dealing.</p> <p>Health & Welfare Consultant</p> <p style="text-align: right;">Year 2004</p> <p>11.b. Approximate dollar value of such dealing. \$10,000.00</p> <p>12.a. Nature of interest held or income received.</p> <p>8 tickets to Chicago Cubs Baseball Games</p> <p>12.b. Amount. \$304.00</p>
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Matthew J. Buczolic		File Number U- 3458
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name The Marco Consulting Group</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 54 W. Hubbard St. Suite 600</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60610</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust <input checked="" type="checkbox"/></p> <p>c. Employer</p> <p style="text-align: center;">Plumbers & Pipefitters Local NO. 172 Pension Fund</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Plumbers & Pipefitters Local No. 172 Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 4172 Ralph Jones Court</p> <p>City South Bend</p> <p>State Indiana ZIP Code + 4 46628-9793</p>	<p>11.a. Nature of such dealing.</p> <p style="text-align: center;">Pension Plan Investment Consultant</p> <p>11.b. Approximate dollar value of such dealing. \$30,000.00 per year</p> <p>12.a. Nature of interest held or income received.</p> <p style="text-align: center;">4 tickets to a Chicago Cubs baseball game</p> <p>12.b. Amount. \$152.00</p>
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>